

FILED SEP 20 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31700
3991

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Cresthaven Convalescent Home</u>			d. STREET ADDRESS (If rural, give location) <u>627 Alabama St.</u> <u>X</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nester</u> b. (Middle) <u>Kalahurka</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>8</u> <u>1952</u>		
5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> <u>1</u>	
8. DATE OF BIRTH <u>Nov. 9, 1887</u>		9. AGE (In years last birthday) <u>64</u> <u>54</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>	
11. BIRTHPLACE (State or foreign country) <u>Austria</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Pazi Kalahurka</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-09-1168</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maichael Kalahurka</u> ADDRESS <u>Kansas City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the rectum</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 + mo</u> <u>4X</u> <u>10</u>
19a. DATE OF OPERATION <u>7/15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum: Abdominal Perineal resection</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept 6, 1952</u> , to <u>Sept 8, 1952</u> , that I last saw the deceased alive on <u>Sept 8, 1952</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>M.H. Goodson</u> (Name or title) <u>Goodson Jr MD</u>		23b. ADDRESS <u>730 Prof. Bz</u> <u>Kansas City 6, Mo</u>		23c. DATE SIGNED <u>9/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		24f. ADDRESS <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-9-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.